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| **Claffey & Egan Financial Brokers**  **Ballinahown**  **Athlone**  **Co.Westmeath** | |
| **Customer Subject Amendment Form** | |
| As our customer, you are entitled to request amendments to be made to your  details that we hold at any time   * You are not obliged to use this form to request your amendments but it helps us   to process your request more promptly and accurately if you do.   * Please specify the exact changes you need to make to your details so we can   ensure the action requested has been carried out fully.  Please provide the information requested in full using BLOCK CAPITALS.  Please note the following:   * If the policy is written as a Dual/Joint life we will require 2 subject amendment   requests forms to be completed (one by each policyholder)   * If the subject amendment form comes back filled in with only 1 policy holders   details we will only be able to change the particulars of that person.  **WE WILL UNDER NO CIRCUMSTANCES CHANGE THE SECOND**  **POLICY HOLDERS INFORMATION WITHOUT A SIGNED AMENDMENT**  **FORM FROM THEM.**   * **PLEASE NOTE IN KEEPING WITH DATA PROTECTION GUIDELINES WE**   **WILL REQUIRE A COPY OF PHOTOGRAPHIC ID FOR EACH PERSON**  **WHO WISHES TO AMEND INFORMATION –**  **NO INFORMATION WILL BE AMENDED UNLESS THIS IS PROVIDED**   * You can return this form to us at the following address:   **Subject Amendment requests**  **Claffey & Egan Financial Brokers, Ballinahown, Athlone, Co. Westmeath**.  On receipt of this signed form we will process your case and post the  confirmation of action processed to the address specified below for your  attention.  Alternatively, you can access this form via our website at [www.cefinance.ie](http://www.cefinance.ie) or via  email at [info@cefinance.ie](mailto:info@cefinance.ie) in which case we will send your confirmation to the  email address you provide us in a secure (encrypted) format. PLEASE ENSURE  ALL INSTRUCTIONS ARE NOTED ON THE FORM AND THAT THE OUTCOME  YOU WISH TO SEE IS CLEARLY SPECIFIED BEOFRE SUBMITTING THIS FORM  **CUSTOMER AMENDMENT FORM** | |
| **1. Customer Name *(Please give us***  ***your full name)*** |  |
| **2. Postal Address *(Please give us***  ***your correspondence* address)** |  |
| **3. Email Address *(if you wish to***  ***receive your data by secure email)*** |  |
| **4. Date Of Birth** |  |
| **5. Policy No.(s)** |  |
| **6. Please specify what amendments**  **You wish to be made to your data/ or policies** |  |
| **6. Customer Signature** |  |
| **7. Date** |  |
| **Office Use Only**  **Date Received** |  |